

# Elector Decline of Ballot In Residential Care Facilities and Retirement Homes

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of location

\_\_\_\_\_  
Street address

\_\_\_\_\_, WI  
Municipality name  
(indicate Town, Village or City, i.e., "Town of Leeds")

**Voter declines to cast a ballot for this election, but wishes to maintain his/her status as an indefinitely confined or calendar year voter:**

\_\_\_\_\_  
Printed name of elector

\_\_\_\_\_  
Printed name of elector

\_\_\_\_\_  
Printed name of elector

\_\_\_\_\_  
Printed name of elector

\_\_\_\_\_  
Printed name of elector

\_\_\_\_\_  
Printed name of elector

**Voter declines to cast a ballot for this election, and does not wish to maintain his/her status as an indefinitely confined or calendar year elector:**

\_\_\_\_\_  
Printed name of elector

\_\_\_\_\_  
Printed name of elector

\_\_\_\_\_  
Printed name of elector

\_\_\_\_\_  
Printed name of elector

\_\_\_\_\_  
Printed name of elector

\_\_\_\_\_  
Printed name of elector

\_\_\_\_\_  
Signature of Special Voting Deputy #1

\_\_\_\_\_  
Signature of Special Voting Deputy #2